

Name
In
Full

Hester Anne Bantow

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

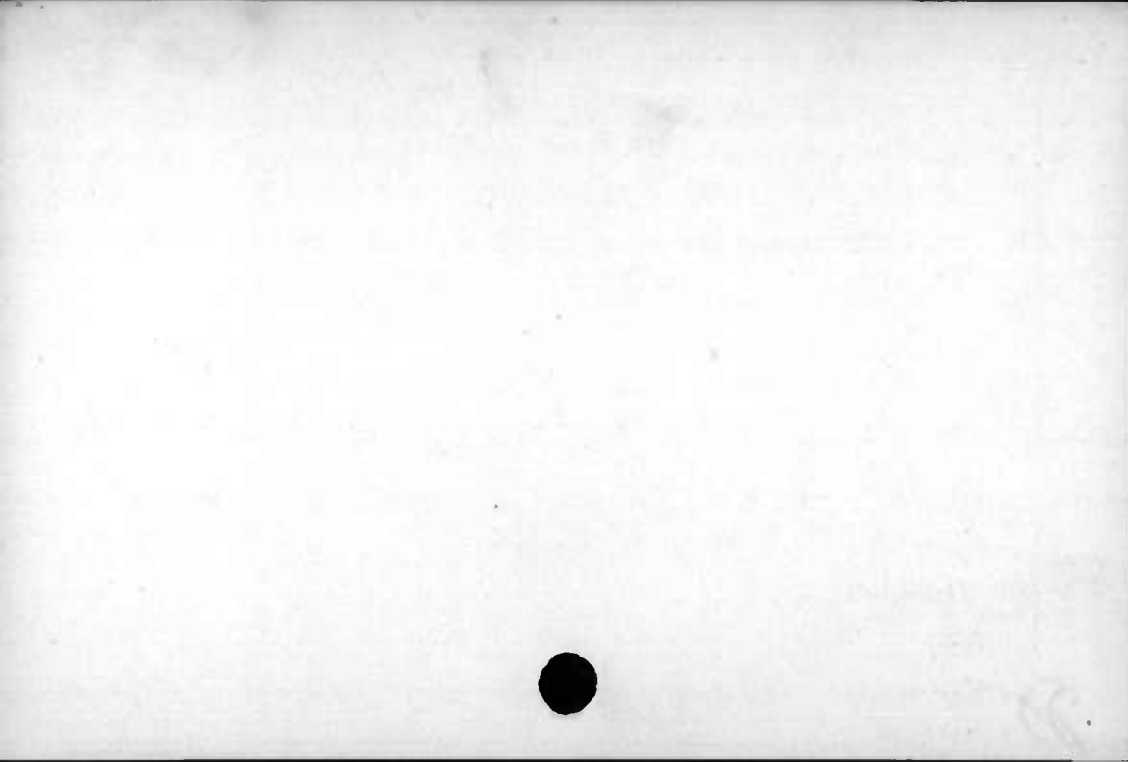
Died at <i>near</i>		Town <i>Drappe</i>		County <i>Salboe</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>12</i>	Day <i>7</i>	Age <i>39</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>St Mary's Co Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Henry Bantow</i>					
Father's Name <i>William Bush</i>		Father's Birthplace <i>St Mary's Co Md</i>					
Mother's Maiden Name <i>Nancy Palmer</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Jas H Bantow</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Tertiary Syphilis</i>	How long	<i>not definite</i>
Immediate	<i>Apoplexy</i>	How long	<i>17 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A Ross M D</i>	
		Address <i>Drappe Salboe Co Md</i>	
			
			
Accident or Suicide? <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

Annie M. Barton

MARYLAND

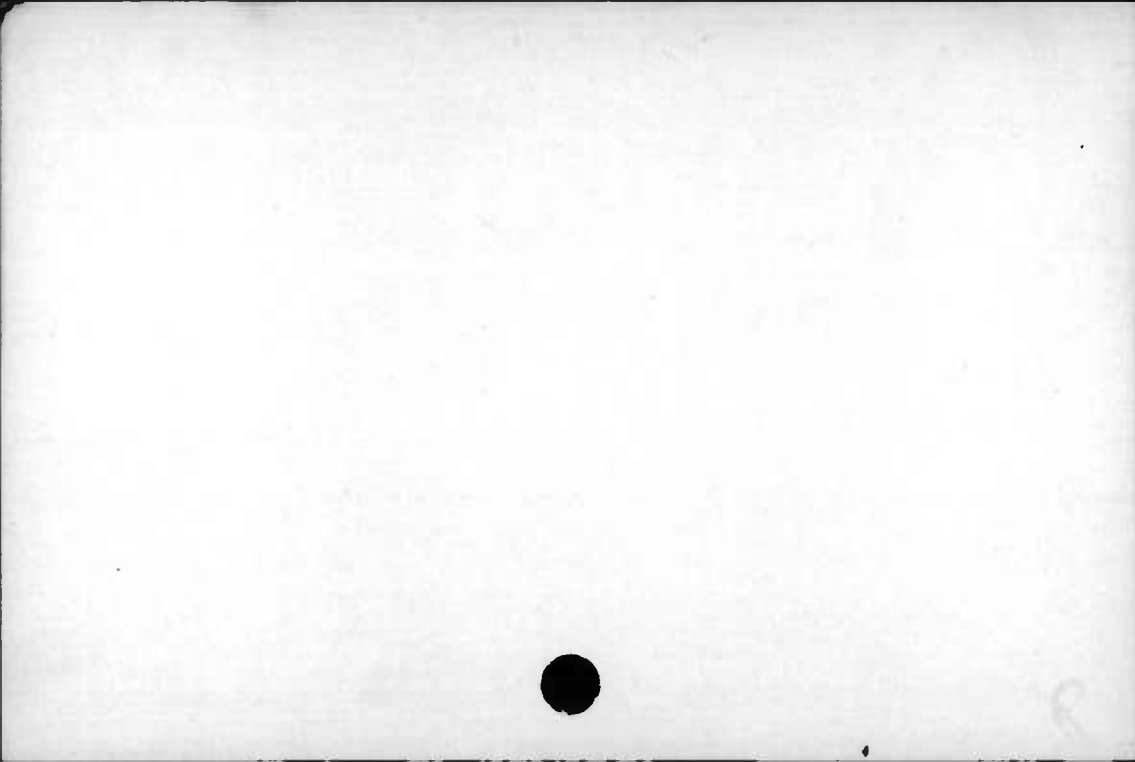
Died at <i>Easton</i> <small>Town</small>		<i>Talbot</i> <small>County</small>			
Date of death <i>1907</i>		<i>Dec</i> <small>Month</small>	<i>20</i> <small>Day</small>	<i>72</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Rev Barton</i>			
Father's Name <i>Rev Geo McElhiney</i>		Father's Birthplace <i>Loudonderry</i>			
Mother's Maiden Name <i>Jane D. Beebe</i>		Mother's Birthplace <i>Princess Anne</i>			
Name of person giving information <i>Olin P. Barton</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

Primary <i>Organic Heart Disease (Mitral)</i>	How long <i>Known 18 mos</i>
Immediate <i>Heart Failure</i>	How long <i>unmediated</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas F. Warden</i>
<i>Found Dead</i>	Address <i>Easton, Md.</i>
Accident or Suicide? <i>—</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Still born child of Walter & Nora Bryan

CERTIFICATE OF DEATH

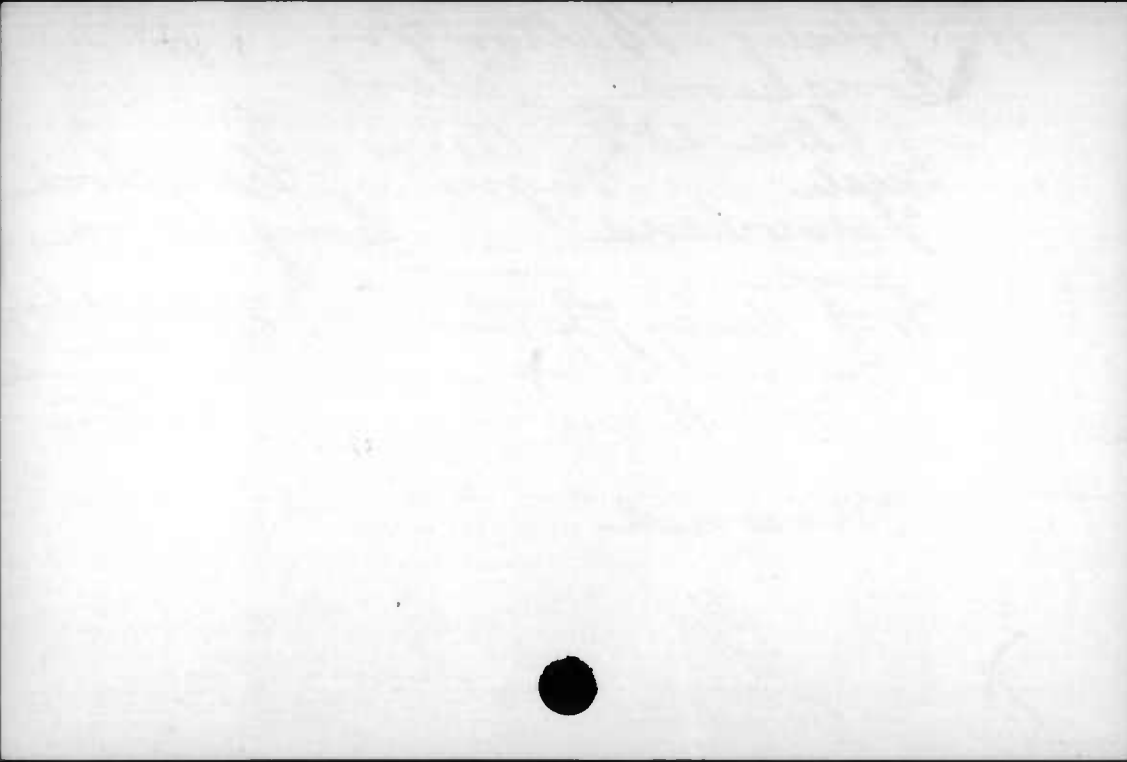
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> ^{Town}		<i>Labret</i> ^{County}		MARYLAND	
Date of death	1907	Month	12	Day	16
Sex <i>Male</i>		Color of Race <i>White</i>		Age	Years <i>—</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Months	Days <i>—</i>
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Walter Bryan</i>		Father's Birthplace <i>St Michaels</i>			
Mother's Maiden Name <i>Nora Littleton</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Walter Bryan</i>		<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S</div>		How related to deceased <i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter Skinner M.D.</i>
		Address <i>St Michaels Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

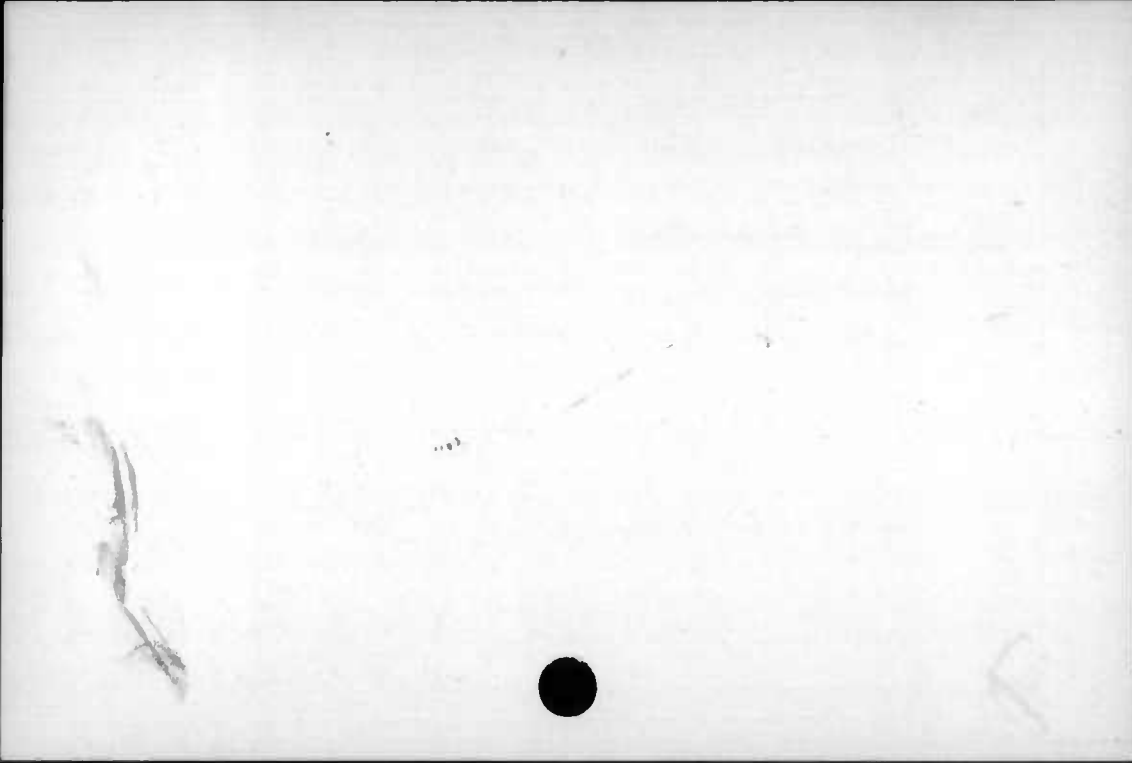
Name in Full		Town		County		State	
Died at		Longwood		Talbot		MARYLAND	
Date of death		1907	Month Dec	Day 25 th	Years 18,	Months 8,	Days 9
Sex		Male		Color or Race		Negro	
Occupation		Farm-hand		Where Residing if not at place of death		Longwood	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wm Henry Butter		Father's Birthplace		Federalburg Maryland	
Mother's Maiden Name		Fannie Gibson		Mother's Birthplace		Longwood	
Name of person giving Information		Wm H. Butter		How related to deceased		Father	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Drowned	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. M. Stille
Yes		Address	Longwood Md
Accident or Suicide?			
Accident			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Millman's</u> <small>Town</small>		<u>Tarbt</u> <small>County</small>			
Date of death	1907	Month	14	Day	14
Age	48	Years	4	Months	6
Sex	male	Color or Race	Colored	Birth-place	Tarbt Co
Occupation	Farm Hand		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lida Cauldwell		
Father's Name	James Cauldwell		Father's Birthplace	Tarbt Co	
Mother's Maiden Name	James Bailey		Mother's Birthplace	Tarbt Co	
Name of person giving information	Lida Cauldwell		How related to deceased	Wife	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Trouble	How long	1 year
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

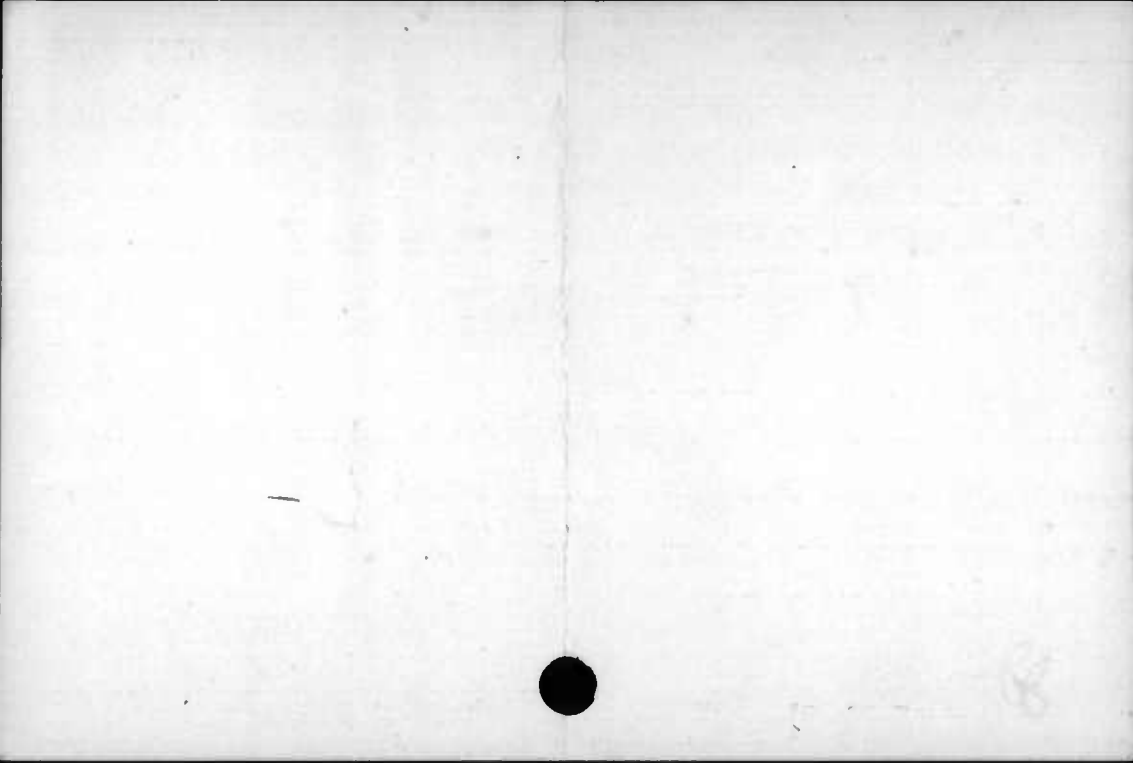
yes

Signature of Physician

Address

Dr. J. B. Smith
St Michael
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

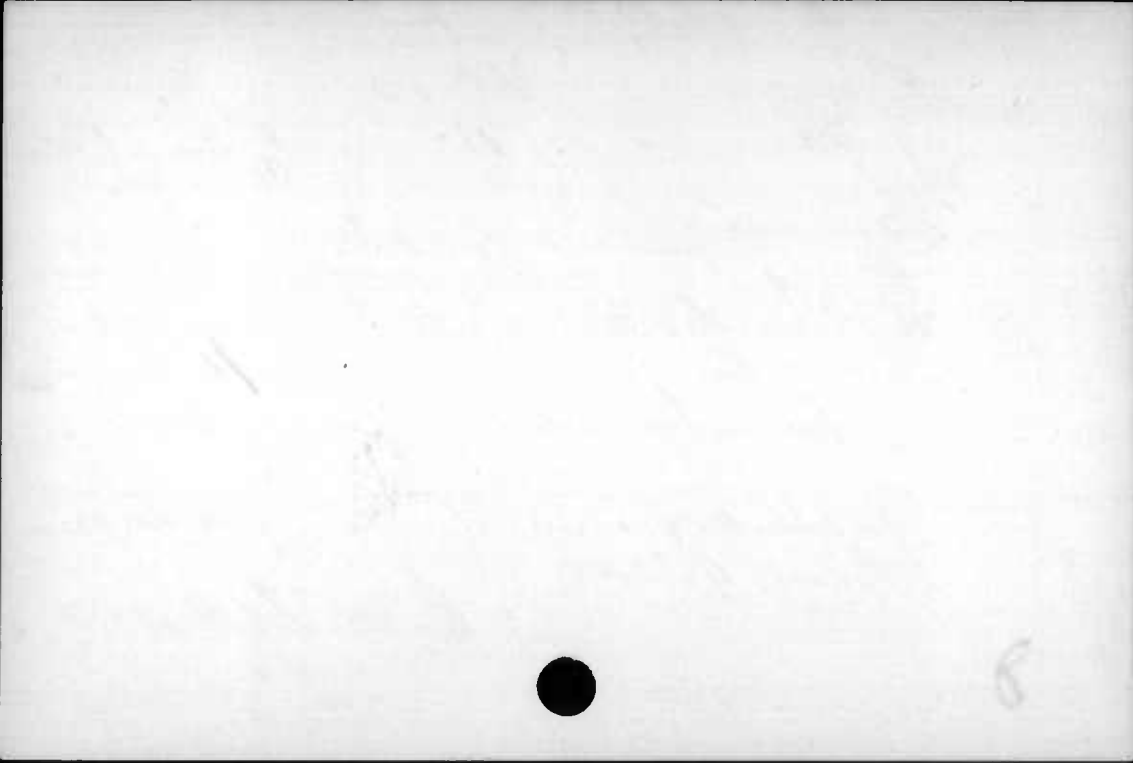
Name in Full <i>George. Carroll. Bryan. Cohee</i>		Town <i>Cordova</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Cordova</i>		Month <i>Dec</i>		Day <i>26</i>		Years <i>11</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>26</i>		Age <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cordova</i>		Months <i>1</i>	
Occupation <i>School-boy</i>		Where Residing if not at place of death <i>Cordova</i>		Days <i>10</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Richard Carroll-Cohee</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Sarah Catherine Redmond</i>		Mother's Birthplace <i>N.Y. Mills</i>					
Name of person giving information <i>Sarah. C. Cohee</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Gun. Shot wound of head and thorax</i>	How long <i>giving a few moments</i>
Immediate <i>head and thorax</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stelle</i>
<i>D</i>	Address <i>Cordova. Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Riley. E. Farnsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

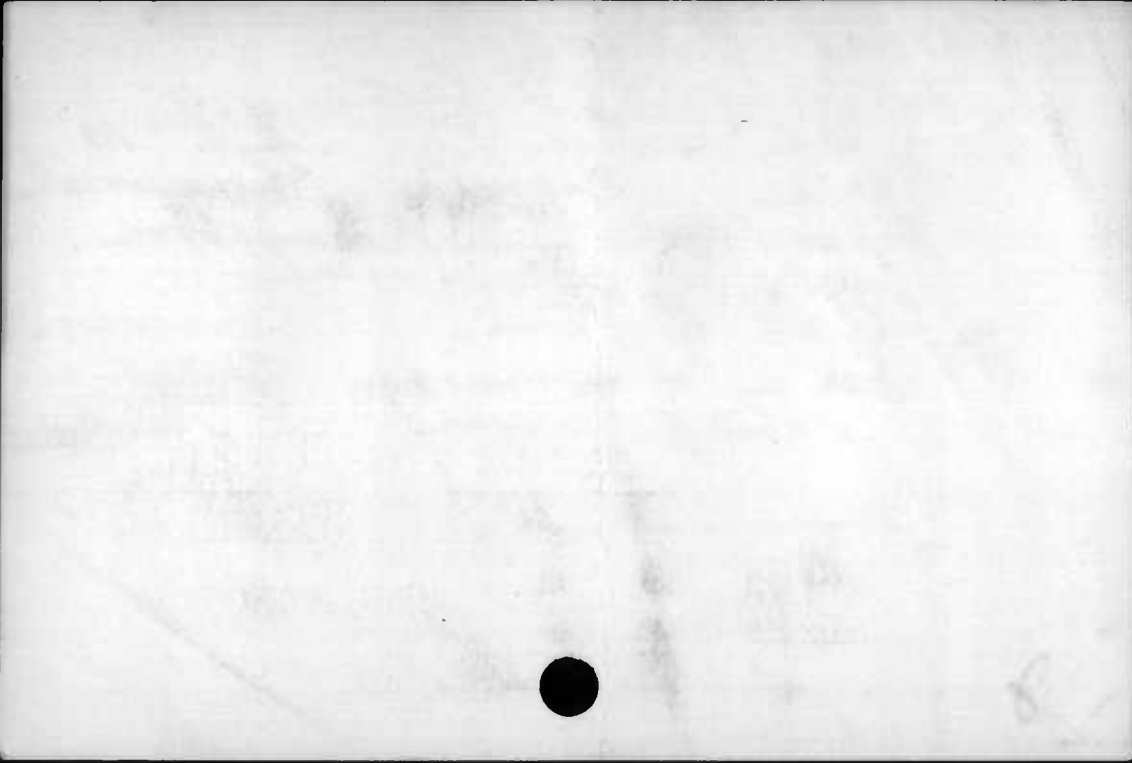
Died at		Town Cordova		County Talbot		MARYLAND	
Date of death		1907	Month Dec	Day 9	Age 59	Years	Months 2
Sex Male		Color or Race White		Birth- place New York		Days 1	
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Marrud		Name of Wife or Husband Lettie Swartout Farnsworth			
Father's Name		William L. Farnsworth				Father's Birthplace New York -	
Mother's Maiden Name		Not known				Mother's Birthplace Not known	
Name of person giving Information		Lettie Swartout Farnsworth				How related to deceased Wife	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	20 days
Immediate	Heart failure	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. M. Stille M. D.	
		Address Cordova Md	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

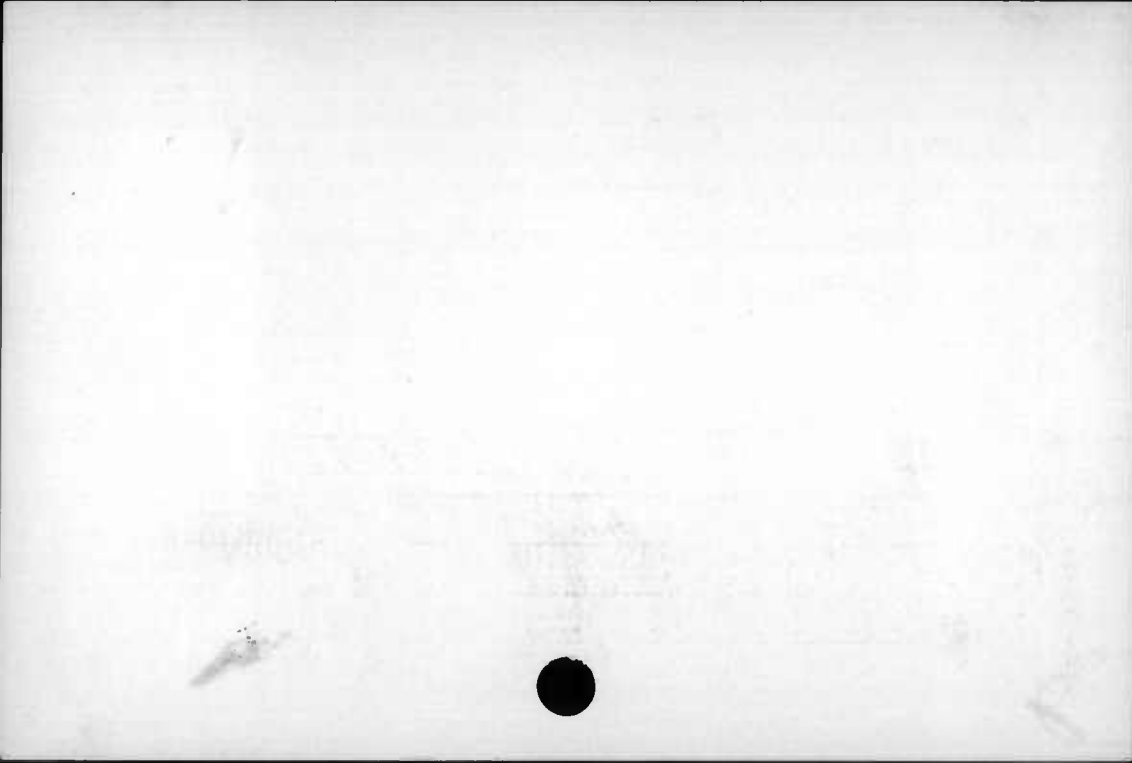
Name <i>James Gibson</i>		Town <i>Longwood</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>25</i>		Years <i>19</i>	
Date of death		<i>1907</i>		Age <i>2</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birthplace <i>Longwood</i>			
Occupation <i>Farm Hand</i>		Where Residing if not at place of death <i>Longwood</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Philip Gibson</i>		Father's Birthplace <i>Longwood</i>					
Mother's Maiden Name <i>Sallie Paca</i>		Mother's Birthplace <i>Queen Anne Co</i>					
Name of person giving information <i>Philip Gibson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Drowned</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>C. M. Stille</i>
		Address <i>Cordova Md</i>
Accident or Suicide?	<i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Salisbury</u> ^{County}		MARYLAND	
Date of death <u>1907</u>		Month <u>Dec</u>	Day <u>27</u>	Age <u>0</u> Years	Months <u>0</u> Days <u>0</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Easton</u>	
Occupation <u>None</u>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>Not Known</u>			Father's Birthplace <u>X</u>		
Mother's Maiden Name <u>Lillie Green</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Katie Brooks</u>			How related to deceased <u>Midwife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dead Born</u>		How long <u>X</u>
Immediate		How long <u>X</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. R. Zupke</u>
		Address <u>Registrar</u>
Accident or Suicide?		<u>Easton Md.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard Hallyday</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>near Easton</i>							
Date of death	1907	Month	Dec	Day	19	Years	65
Sex	Male	Color or Race	White	Months	2	Days	4
Occupation	Farmer			Where Residing if not at place of death <i>Queen Anne Co</i>			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Elizabeth Hallyday</i>			
Father's Name	<i>Henry Hallyday</i>			Father's Birthplace <i>Queen Anne Co</i>			
Mother's Maiden Name	<i>Anna M. Hallyday</i>			Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information	<i>M. J. G. Carl</i>			How related to deceased <i>Brother in law</i>			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Prostate</i>	How long	<i>Known 18 mos</i>
Immediate	<i>Glandular Infection - Exhaustion</i>	How long	<i>3 mos. - few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. F. Davidson</i>	
<i>Yes</i>		Address <i>Easton, Md.</i>	
Accident or Suicide?			

De Davidson

Henry at Spring Hill.

Saturday Noon -

Name
in
Full

Emma Lucelia Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} St Michaels^{County} TalbotDate of death 1907 ^{Month} Dec ^{Day} 27 ^{Age} 4 ^{Years} 9 ^{Months} 27 ^{Days}Sex Female ^{Color or Race} Colored ^{Birth-place} St MichaelsOccupation infant ^{Where Residing if not at place of death} St MichaelsMarried, Single or Widowed infant ^{Name of Wife or Husband}

Father's Name Wm. B. Johnson

^{Father's Birthplace} Virginia

Mother's Maiden Name Mary L. Wothers

^{Mother's Birthplace} Maryland

Name of person giving information Father

^{How related to deceased} Father

CAUSES OF DEATH

104

^{Primary} Stomach Trouble & Cold^{How long} one week^{Immediate} Convulsions^{How long}

Are the name, age, sex, color, date and place correctly given above?

yes

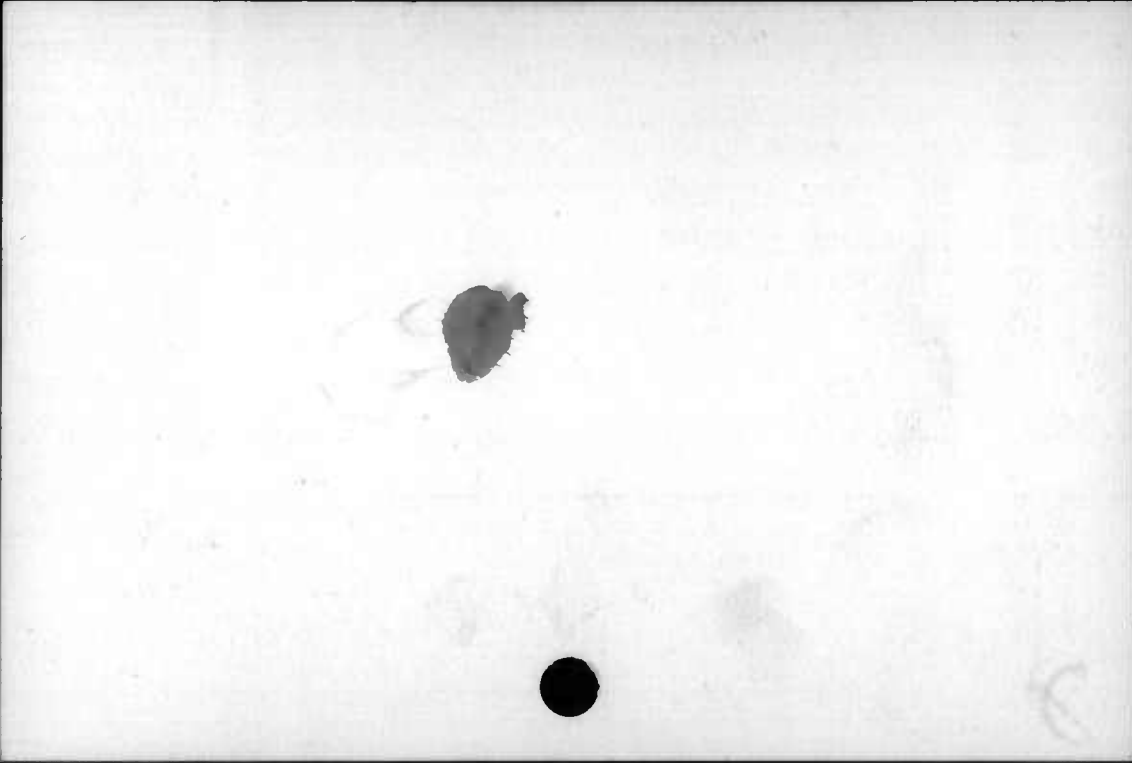
^{Signature of Physician}^{Address}

C. A. Davis

St Michaels

MD

(Accident or Suicide?)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

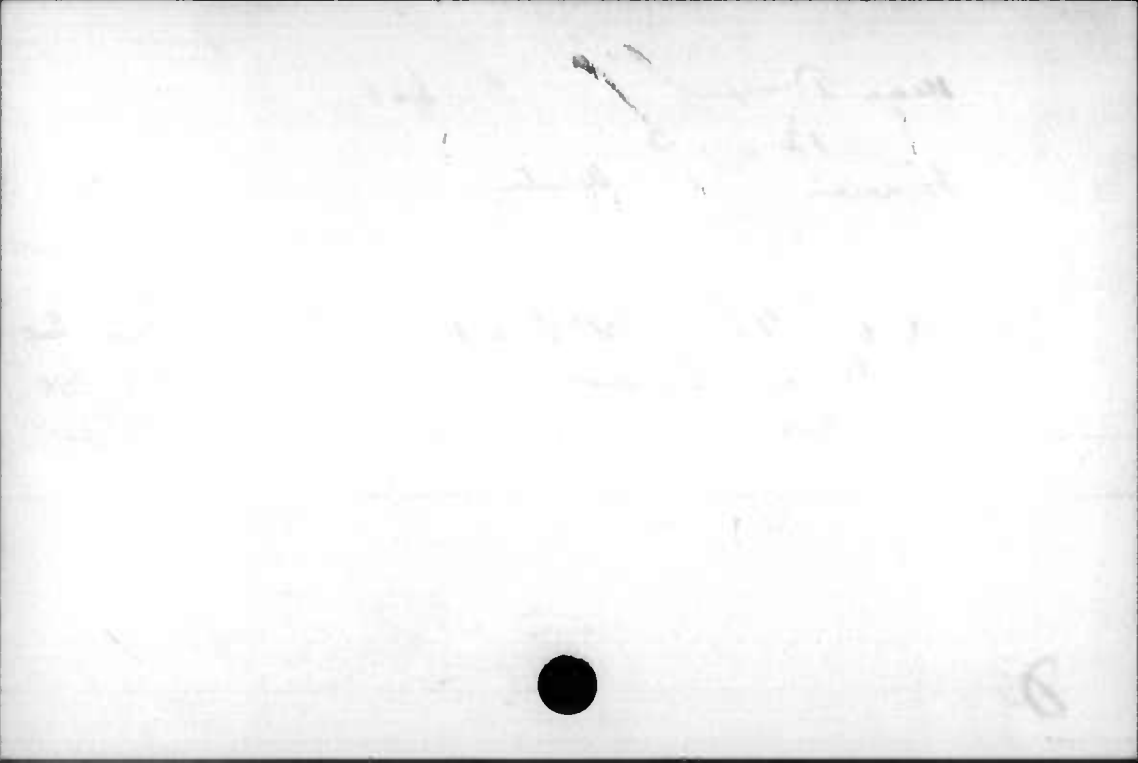
Died at <i>Easton</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec</i>	Day	<i>12</i>
Age	<i>57</i>	Years	<i>7</i>	Months	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Carlisle C. Md</i>
Occupation	<i>Restaurant proprietor</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife	<i>Martha Johnson</i>		
Father's Name	<i>Not Known</i>		Father's Birthplace	<i>Not Known</i>	
Mother's Maiden Name	<i>Mary Johnson</i>		Mother's Birthplace	<i>Not Known</i>	
Name of person giving information	<i>Grace Johnson</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

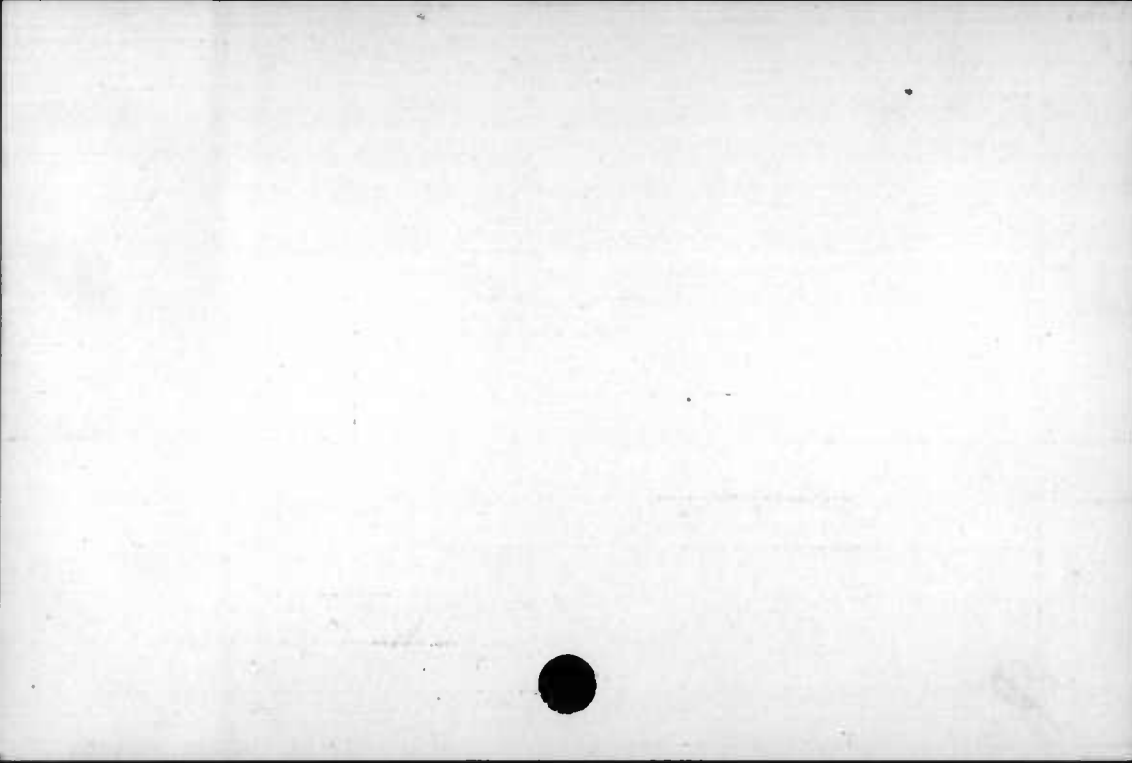
124

PHYSICIAN
OR CORONER

Primary	<i>urethral stricture - ruptured Bladder</i>	How long	<i>3 days</i>
	<i>Peritonitis</i>		
Immediate	<i>Exhaustion</i>	How long	<i>few hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. F. David</i>
		Address	<i>Easton, Md.</i>
<i>Saw him few hrs before death (only time)</i>			



Name In Full		McCracken				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New Trappe</i>		County <i>Talbot</i>		MARYLAND		
	Date of death <i>190</i>	Month <i>12</i>	Day <i>3</i>	Age	Months	Days	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New Trappe</i>		
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name <i>Robert Thomas McCracken</i>			Father's Birthplace <i>Caroline Co</i>			
	Mother's Maiden Name <i>Grace Coleman</i>			Mother's Birthplace <i>Talbot Co</i>			
PHYSICIAN OR CORONER	Name of person giving information <i>Robert Thomas McCracken</i>			How related to deceased <i>Father</i>			
	CAUSES OF DEATH						
	Primary <i>Premature birth.</i>			How long <i>7 months</i>			
	Immediate <i>Hemorrhage</i>			How long <i>1 hour</i>			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>A. P. Ross</i>				
<i>D</i>			Address <i>Local Board Health</i>				
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

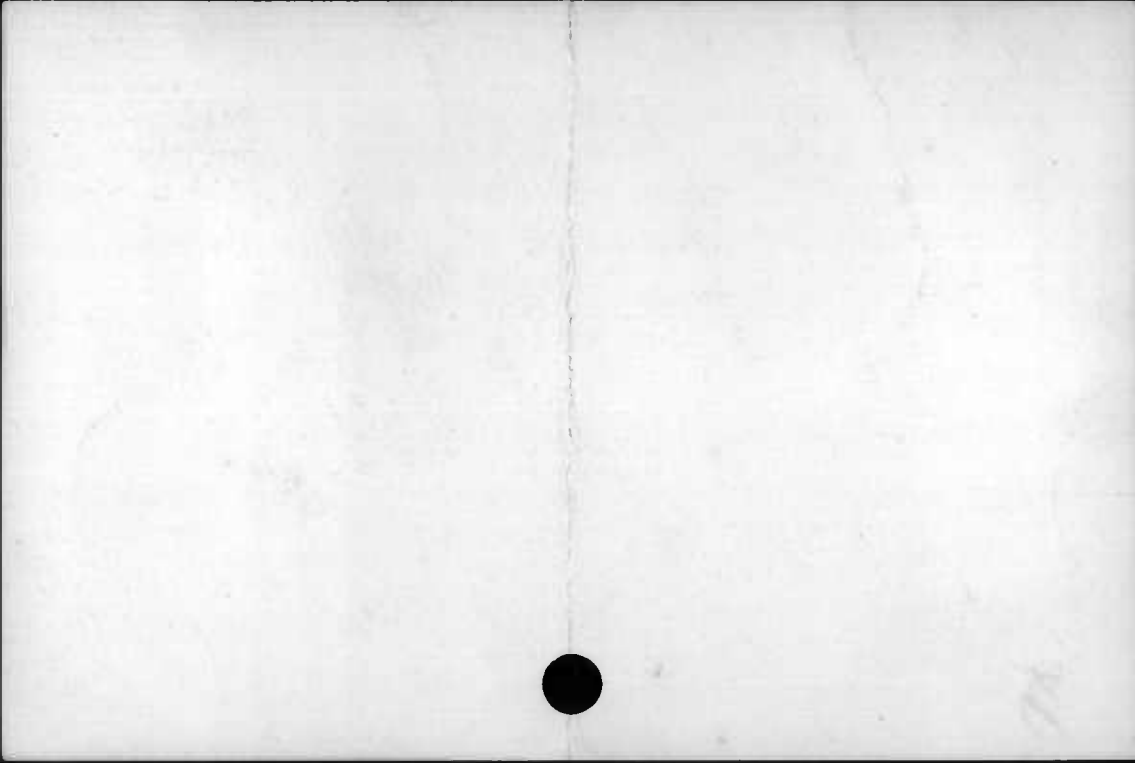
Died at <u>Leurstown</u> ^{Town}		<u>Salisbury Co.</u> ^{County}		MARYLAND	
Date of death	1907	Month	12	Day	9
Age	72	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Pa.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>John H. T. Morton.</u>			
Father's Name	Unknown		Father's Birthplace Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown		
Name of person giving information	<u>J. H. Morton,</u>		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	<u>Arterio-sclerosis</u>	How long	Unknown
Immediate	<u>Cerebral edema</u>	How long	<u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. T. Morton M.D.</u>
Accident or Suicide?	<u>No</u>	Address	<u>Hillboro' Ind.</u>



Name
in
Full

CERTIFICATE OF DEATH

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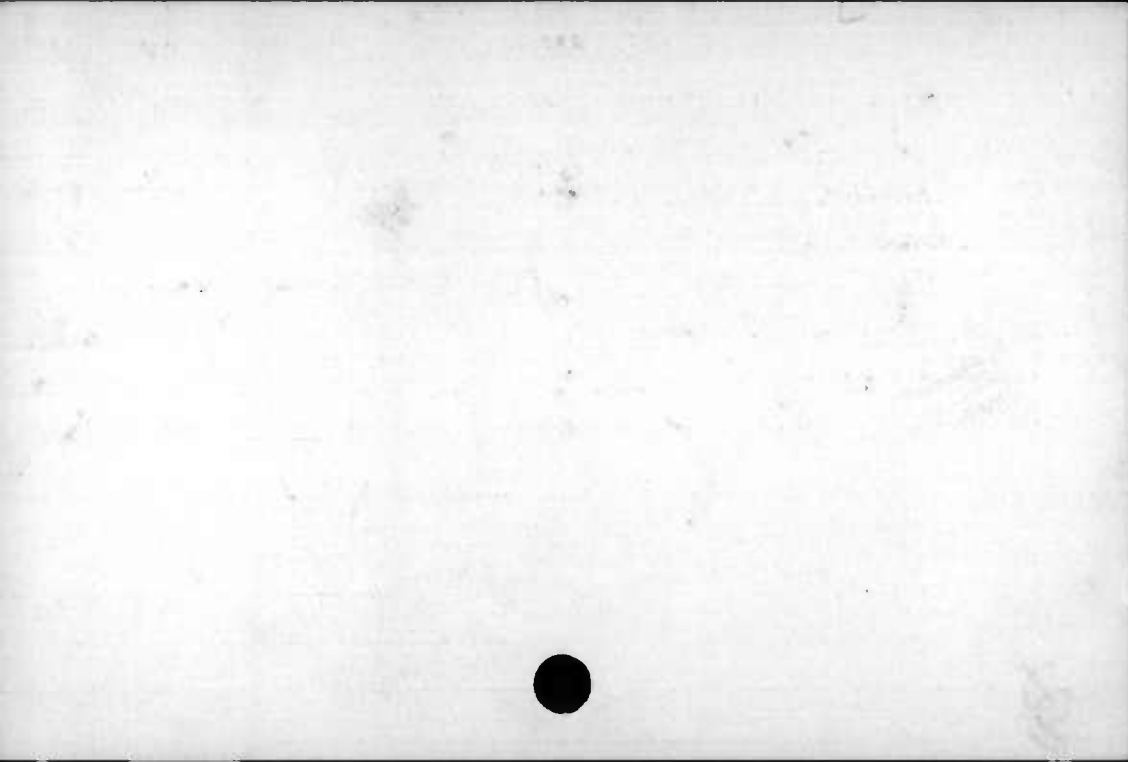
Name <i>Mrs Beulah Ethel Nelson</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Easton</i>		Date of death 1907		Month <i>Dec 14</i>		Day <i>Saturday</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Years <i>28</i>		Months <i>4</i>	
Birth- place <i>Lo, Cal. Co. Md</i>		Age <i>28</i>		Days <i>4</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>D. B. R. Nelson</i>					
Father's Name <i>John Michael</i>		Father's Birthplace <i>Balt Md</i>					
Mother's Maiden Name <i>Helen M Nelson</i>		Mother's Birthplace <i>Lo Cal Co Md</i>					
Name of person giving In formation <i>John Michael</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Heart Exhaustion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt H. Carruth M.D.</i>
	Address <i>Easton, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Margaret W Seymour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

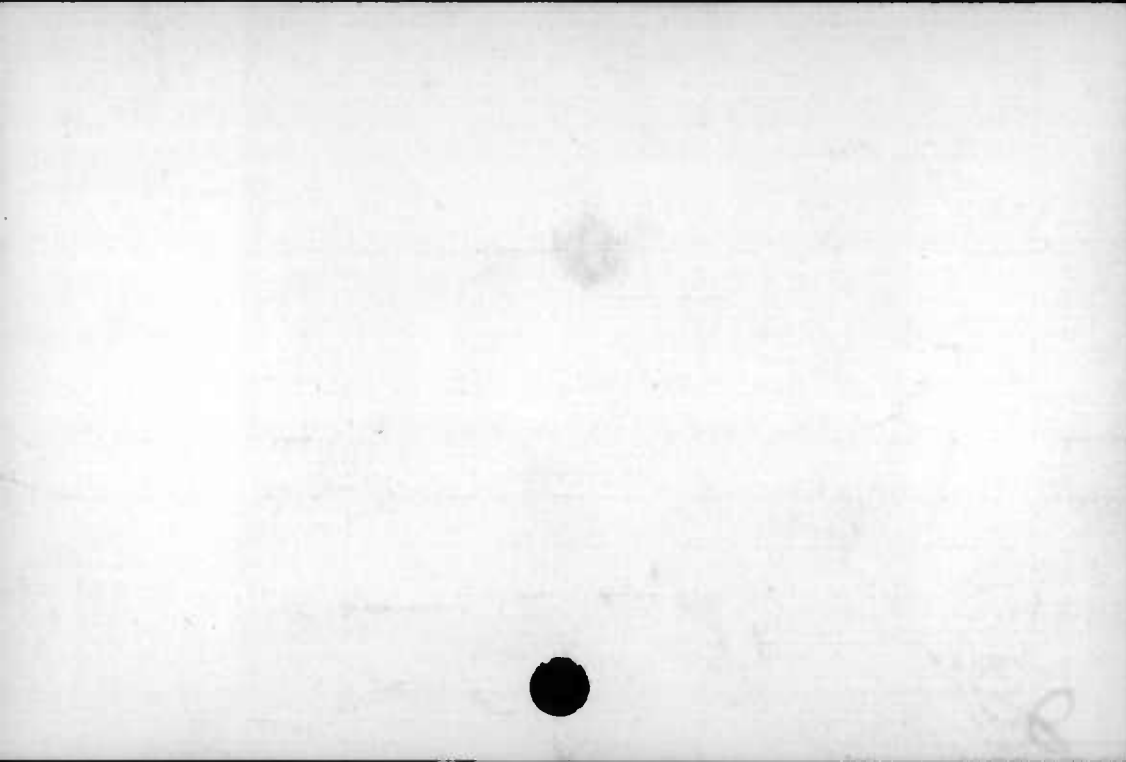
Died at ^{Town} <i>St Michaels</i> ^{County} <i>Talbot</i>		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>December</i> ^{Day} <i>23</i>	Age	<i>20</i> ^{Years} <i>—</i> ^{Months} <i>—</i> ^{Days} <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>House wife</i>	Birth-place	<i>Baltimore</i>
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife <i>John E. M. Seymour</i>		
Father's Name	<i>Jesse Dotson</i>	Father's Birthplace	<i>St Michaels</i>
Mother's Maiden Name	<i>Angie Shockley</i>	Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Clairse Seymour</i>	How related to deceased	<i>Mother in law</i>

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Paraginitis</i>	How long	<i>about 6 mo</i>
Immediate	<i>Acute Asthenia</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. J. S. Glasebrook</i>
		Address	<i>St. Michaels Md</i>
Accident or Suicide?	<i>—</i>		



Name
In
Full

Mrs Sarah Emma Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

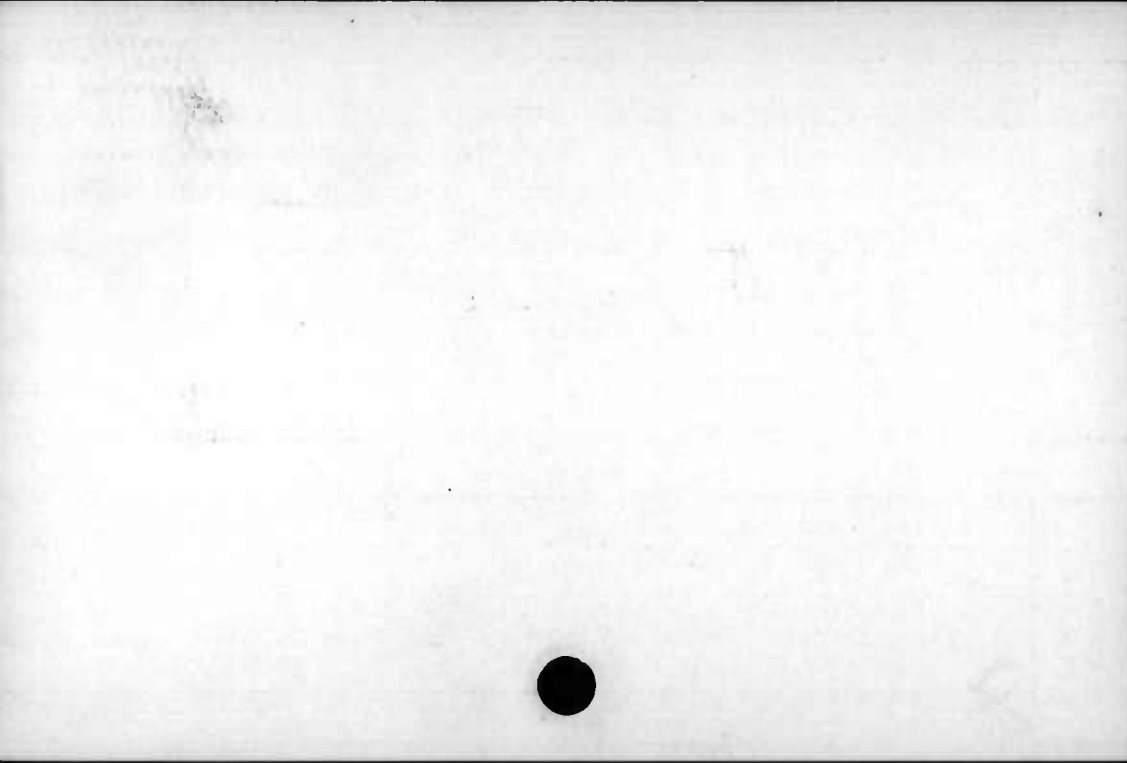
Died at <u>Easton</u> Town		<u>Salbot</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Dec.</u>	Day <u>30</u>	Years <u>59</u>	Months	Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Mess.</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Shaw</u>			
Father's Name <u>Do not know</u>		Father's Birthplace <u>Do not know</u>			
Mother's Maiden Name <u>Do not know</u>		Mother's Birthplace <u>Do not know</u>			
Name of person giving information <u>Mrs U. E. Armingdale</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <u>Cancer of the liver</u>	How long <u>Six months</u>
Immediate <u>Hemorrhage</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Stevens</u>
<u>Yes</u>	Address <u>Easton</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Horace Shelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

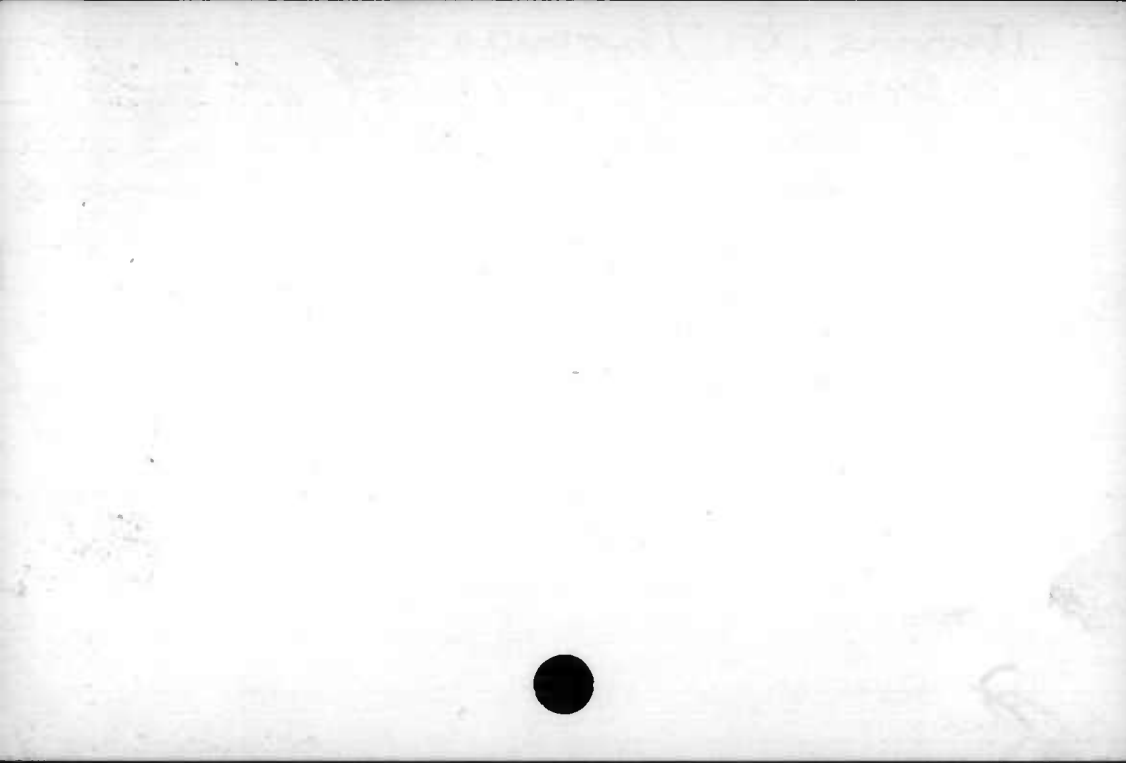
MARYLAND

Died at *St Michaels* ^{Town} *Talbot* ^{County}Date of death *1907* ^{Month} *Dec* ^{Day} *22* ^{Years} *72* Months DaysSex *Male* Color or Race *Black* Birth-place *Royal Oak*Occupation *Shoemaker* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Joanna Shelley*Father's Name *Shelley* Father's Birthplace *Talbot Co*Mother's Maiden Name *Thursday* Mother's Birthplace *Royal Oak*Name of person giving information *Ottelle Summers* How related to deceased *2 Brother*

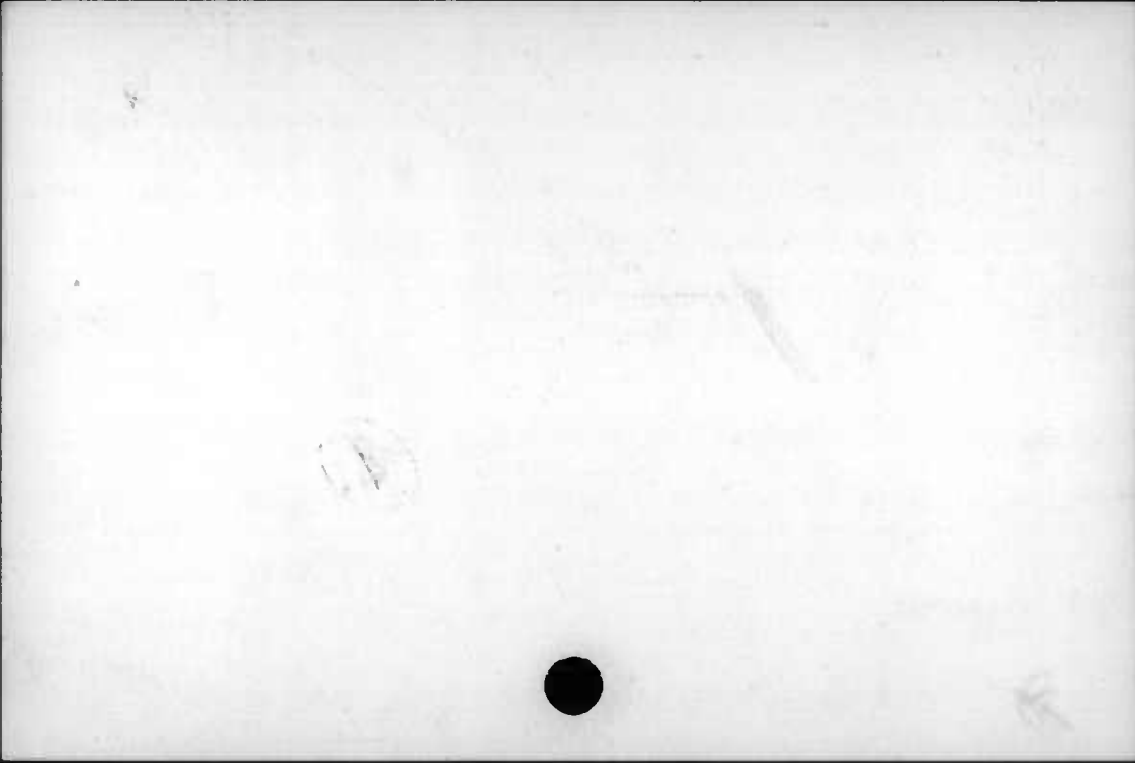
CAUSES OF DEATH

64

Primary *Cerebral hemorrhage* How long *3 days*Immediate *Cardiac failure* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Hope MD*
Address *St Michaels**J*
Accident or Suicide?



Name in Full		Anne E. Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Oxford		^{County} Talbot		MARYLAND	
		Date of death 190 ^{Month} Dec		^{Day} 2		^{Years} 32	
						^{Months} —	
						^{Days} —	
		Sex Female		Color or Race negro		Birth-place Maryland	
		Occupation Housewife		Where Residing if not at place of death			
		Married, Single or Widowed married		Name of Wife or Husband		Geo W Thomas	
Father's Name		Nathan Rozer			Father's Birthplace		maryland
Mother's Maiden Name		Jane Green			Mother's Birthplace		maryland
Name of parson giving information		G. W Thomas			How related to deceased		Husband.
		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;">27</div>					
PHYSICIAN OR CORONER		Primary Typhoid Fever			How long		8 weeks
		Immediate Pulmonary Tuberculosis			How long		6 weeks
		Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician		Wm A Davis M.D.
					Address		Oxford
		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 10px auto;"></div>					
		Accident or Suicide?					



Name
in
Full

Lucy Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

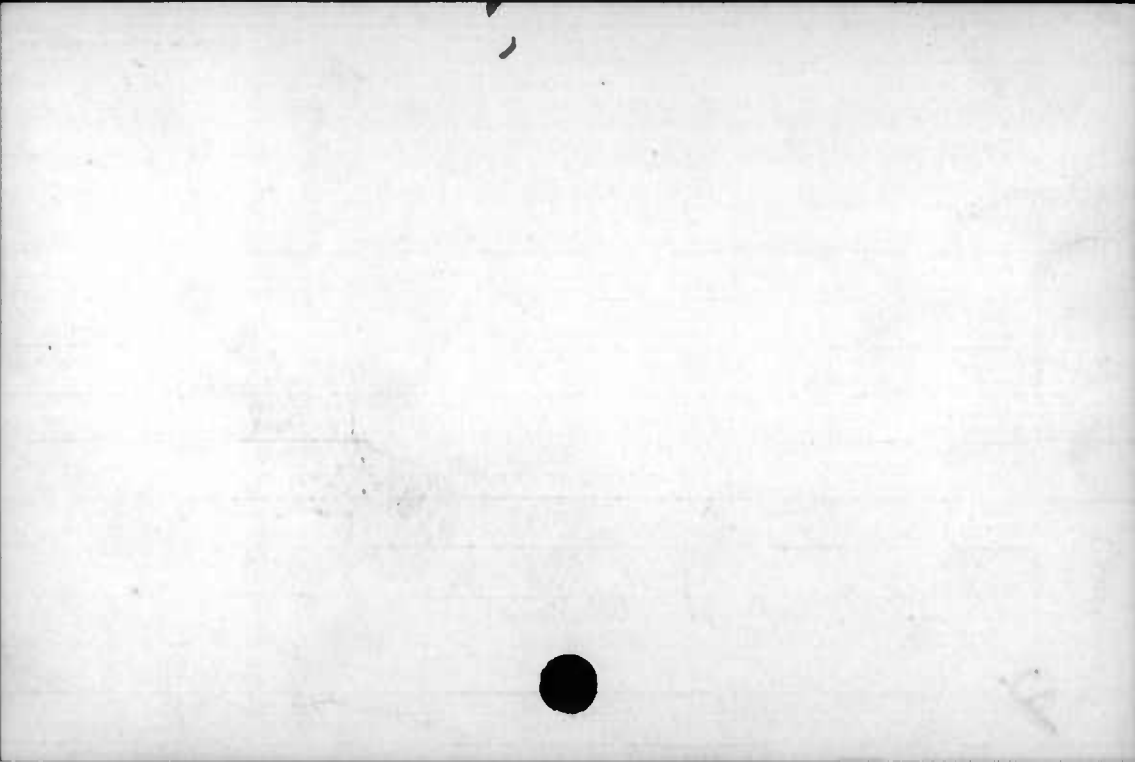
Died at <u>Easton</u> Town		<u>Salbot</u> County		MARYLAND	
Date of death <u>12-31</u> <u>1907</u>	Month <u>Dec</u>	Day <u>31</u> <u>st</u>	Years <u>65</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Nurse</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Ragus Thomas.</u>				
Father's Name <u>Ezekiel Cooper</u>	Father's Birthplace				
Mother's Maiden Name <u>X</u>	Mother's Birthplace				
Name of person giving information <u>Samuel Doran</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

(193)

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>8 days</u>
Immediate <u>Heart exhaustion</u>	How long <u>6 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robt Ray Roth</u>
<u>as far as I know</u>	Address <u>Easton, Md.</u>
<u>X</u> Accident or Suicide? <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

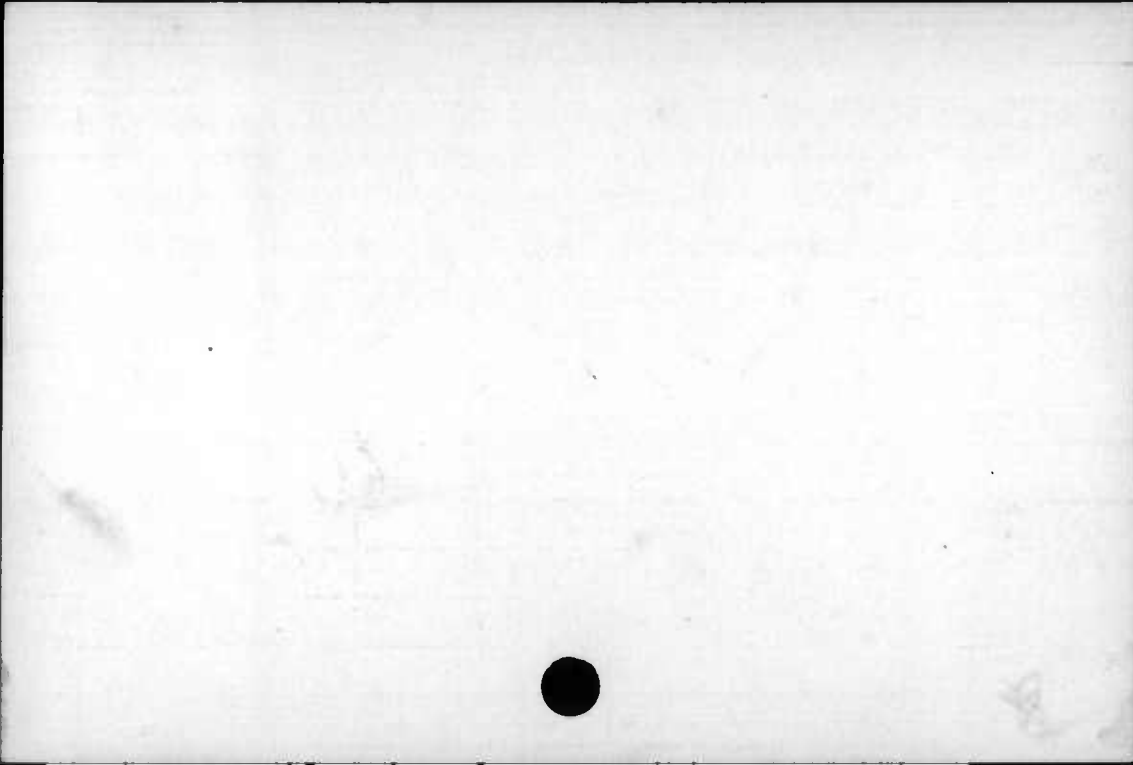
Died at <u>Marbleton</u> ^{Town}		<u>Talbot</u> ^{County}			
Date of death	190 <u>7</u> ^{Month}	<u>dec</u> ^{Day}	Age <u>78</u> ^{Years}	<u>65</u> ^{Months}	<u>3</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Farmer</u>		Birth-place	<u>Talbot Co.</u>	
Where Residing if not at place of death			<u>Dan</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Helena S. Wayman</u>	
Father's Name	<u>Thomas Wayman</u>			Father's Birthplace	<u>Talbot Co</u>
Mother's Maiden Name	<u>Lucretia Ball</u>			Mother's Birthplace	<u>Talbot Co</u>
Name of person giving information	<u>Alam Haddonay</u>			How related to deceased	<u>none</u>

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>about 1 hour</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr. J. B. Sittler</u>
		Address	<u>St Michaels</u>
Accident or Suicide?	<u>No</u>		<u>MD</u>



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Alfred J Wilson</i>		Town <i>Near Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Near Easton</i>		Month <i>Dec</i>		Day <i>6</i>		Age <i>65</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>6</i>		Years <i>65</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Delaware</i>		Months <i>5</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Easton</i>		Days <i>14</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Augie Wilson</i>		Father's Name <i>George W Wilson</i>		Father's Birthplace <i>Delaware</i>	
Mother's Maiden Name <i>Mary Jones</i>		Name of person giving In formation <i>Geo W Wilson</i>		Mother's Birthplace <i>"</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>2 weeks</i>
Immediate <i>General Anesthetizing</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P L Traverso</i>
	Address <i>Easton Md</i>
Accident or Suicide? <i>X</i>	

De Pauw

Name
in
Full

Edward Woolfred

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> Town		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>10</i>	Age <i>-</i>	Months <i>3</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Easton</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>Easton</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Robert Thompson</i>			Father's Birthplace <i>W. H. Jamestown</i>		
Mother's Maiden Name <i>Delila Woolfred</i>			Mother's Birthplace <i>Easton</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

19

PHYSICIAN
OR CORONER

Primary <i>Chicken Pox</i>	How long <i>1 week</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robt J Ray Root</i>
<i>Saw this child 3 weeks ago, diagnosed Chicken Pox have not visited it since</i>	Address <i>Easton Md.</i>
Accident or Suicide? <i>No</i>	

